

ORDER FOR SUPPLIES AND SERVICES				IMPORTANT: See instructions in GSAR 553.370-300-1 for distribution		PAGE 1 OF 1 PAGE(S)	
1. DATE OF ORDER 01/25/2017		2. ORDER NUMBER GSQ0117BK0027		3. CONTRACT NUMBER GS00Q14OADS315		4. ACT NUMBER	
FOR GOVERNMENT USE ONLY	5. ACCOUNTING CLASSIFICATION				6. FINANCE DIVISION		
	FUND 285F	ORG CODE Q01FA000	B/A CODE AA20	O/C CODE 25	AC	SS	VENDOR NAME
	FUNC CODE AF151	C/E CODE H08	PROJ./PROS. NO.	CC-A	MDL	FI	G/L DEBT
	W/ITEM	CC-B	PRT./CRFT	AI	LC	DISCOUNT	
7. TO: CONTRACTOR (Name, address and zip code) (b)(6) CREDENCE MANAGEMENT SOLUTIONS LIMITED LIABILITY COMPANY 8607 Westwood Center Dr Suite 200 Vienna, VA 22182-7506 United States (b)(6)				8. TYPE OF ORDER B. DELIVERY		REFERENCE YOUR	
				Please furnish the following on the terms specified on both sides of the order and the attached sheets, if any, including delivery as indicated.			
				This delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above numbered contract.			
				C. MODIFICATION NO. 000		AUTHORITY FOR ISSUING	
				TYPE OF MODIFICATION:			
9A. EMPLOYER'S IDENTIFICATION NUMBER (b)(4)		9B. CHECK, IF APPROP WITHHOLD 20%		Except as provided herein, all terms and conditions of the original order, as heretofore modified, remain unchanged.			
10A. CLASSIFICATION For-Profit Organization				10B. TYPE OF BUSINESS ORGANIZATION C. Corporation			
11. ISSUING OFFICE (Address, zip code, and telephone no.) Region 1 Contracting Siobhan Frongillo 10 Causeway Street Boston, MA 02222 United States (617) 565-5770		12. REMITTANCE ADDRESS (MANDATORY) CREDENCE MANAGEMENT SOLUTIONS LIMITED LIABILITY COMPANY 2201 COOPERATIVE WAY STE 600 HERNDON, VA 20171-4583 United States		13. SHIP TO (Consignee address, zip code and telephone no.) Michelle Clemens 5 Eglin Street Bldg 1624 Second Floor Hanscom AFB, MA 01731 United States (781) 377-9126			
14. PLACE OF INSPECTION AND ACCEPTANCE Michelle Clemens 5 Eglin Street Bldg 1624 Second Floor Hanscom AFB, MA 01731 United States		15. REQUISITION OFFICE (Name, symbol and telephone no.) Lorraine J. LaFleur GSA Region 01 10 Causeway St Ste 472 Boston, MA 02222-0000 United States 617-565-5437					
16. F.O.B. POINT Destination		17. GOVERNMENT B/L NO.		18. DELIVERY F.O.B. POINT ON OR BEFORE 01/29/2018		19. PAYMENT/DISCOUNT TERMS NET 30 DAYS / 0.00 % 0 DAYS / 0.00 % 0 DAYS	
20. SCHEDULE							
Contractor shall provide all labor in accordance with the Statement of work and the contractors proposal.							
ITEM NO. (A)	SUPPLIES OR SERVICES (B)	QUANTITY ORDERED (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)		
0001		1	lot				
0002		1	lot				
0003		1	lot				
21. RECEIVING OFFICE (Name, symbol and telephone no.) ESC/NCSW, (781) 377-9126					TOTAL From 300-A(s)		
22. SHIPPING POINT Specified in QUOTE		23. GROSS SHIP WT.			GRAND TOTAL		
24. MAIL INVOICE TO: (Include zip code) General Services Administration (FUND) The contractor shall follow these Invoice Submission Instructions . The contractor shall submit invoices electronically by logging into the ASSIST portal (https://portal.fas.gsa.gov), navigating to the appropriate order, and creating the invoice for that order. For additional assistance contact the ASSIST Helpdesk at 877-472-4877. Do NOT submit any invoices directly to the GSA Finance		25A. FOR INQUIRIES REGARDING PAYMENT CONTACT: GSA Finance Customer Support			25B. TELEPHONE NO. 816-926-7287		
		26A. NAME OF CONTRACTING/ORDERING OFFICER (Type) Siobhan Frongillo			26B. TELEPHONE NO. (617) 565-5770		
		26C. SIGNATURE Siobhan Frongillo 01/25/2017					

Center (neither by mail nor via electronic submission).

GENERAL SERVICES ADMINISTRATION

1. PAYING OFFICE	
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GSA FORM 300 (REV. 2-93)